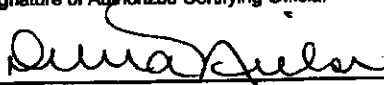


FINANCIAL STATUS REPORT (Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency #216-06		OMB Approval No. 0348-0038	Page of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Nushagak Electric & Telephone Cooperative, Inc. PO Box 350 Dillingham AK 99576					
4. Employer Identification Number #92-0177246		5. Recipient Account Number or Identifying Number 0267569		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) April 1, 2006		To: (Month, Day, Year) December 31, 2007		9. Period Covered by this Report From: (Month, Day, Year) July 1, 2007	
				To: (Month, Day, Year) September 30, 2007	
10. Transactions:		I Previously Reported	II This Period	III Cumulative	
a. Total outlays				0.00	
b. Recipient share of outlays				0.00	
c. Federal share of outlays		342,243.45	798,407.60	1,140,651.05 0.00	
d. Total unliquidated obligations				-0-	
e. Recipient share of unliquidated obligations				-0-	
f. Federal share of unliquidated obligations				-0-	
g. Total Federal share (Sum of lines c and f)				1,140,651.05 0.00	
h. Total Federal funds authorized for this funding period				1,368,627.00	
i. Unobligated balance of Federal funds (Line h minus line g)				227,975.95 0.00	
11. Indirect Expense					
a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount	
				e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Debra Nielsen/Senior Accountant				Telephone (Area code, number and extension) 907-842-5251	
Signature of Authorized Certifying Official 				Date Report Submitted November 15, 2007 NOVEMBER 2007	

NSN 7540-01-218-4387

269-202

Standard Form 269A (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-111

ACCEPTED
ENTERED